HPI elements
   Location - "where is it?"
   Severity " how severe"
   Quality - "what is the quality of the problem"
   Context - " in what context "
   Timing - " is it constant, intermittent"
   Duration - "when did it start"
   Modifying factors - "what makes it better or worse"
   Associated signs/sx - "any signs or sx associated"

Brief HPI - 1 to 3 HPI elements OR status of 1-2 chronic conditions
Extended HPI - requires 4 HPI elements or commenting on status of problems (3) - chronic or inactive

PFSH - past medical, family, social history
   "Family history is negative for depression or suicide in any first degree relative"
   "Social history is negative for drug or alcohol abuse"
   Past medical history can be current medications or allergies

History
   EPF history (expanded problem focused) - Brief HPI, no PFSH, 1 ROS
   Detailed history - Extended HPI, 1 out of 3 PFSH, 2-9 ROS
   Comprehensive history - Extended HPI, 3 out of 3 PFSH (medical, family, & social), 10 ROS

ROS - constitutional (fatigue, anorexia), psychiatric (no hallucinations or SI)
   "All other systems reviewed and are negative" - takes care of the rest

Exam
   Problem focused exam - 1-5 elements of MSE
   EPF Physical exam - 6 elements of MSE
   Detailed exam - 9 elements of MSE
   Comprehensive physical exam - vitals (3: BP, HR, weight), full MSE, and muscloloskeletal (gait and station)

MDM (medical decision making) - need 2 out of 3 to qualify for complexity
   Low MDM 2 problem points, 2 data points, low risk
   Moderate MDM 3 problem points, 3 data points, mod risk
   High MDM >4 or more problem points, > 4 or more data points, high risk

Problem points
   Established problem stable or improving = **1**
   Established problem worsening = **2**
   New problem, no additional workup planned = **3**
   New problem, additional workup planned = **4** (additional workup planned = ordering labs or in future appt ordering use of psychiatric rating scale)

Data points (pretty hard in psychiatry to code based on data points)
   diagnostic questionnaire(s) **1**
   review and/or order labs **1**
   review or order medicine test (EKG) **1**
   discussion of test results with performing physician **1**
   decision to obtain old records **1**
   review and summation of old records **2** (need to actually summarize but can be brief) and/or obtaining history from someone other than pt (parent)

Risk - just need 1 of the elements
   Low - 2 or more self limited or minor problems or one stable chronic illness
   Moderate: one or more chronic illness with mild exacerbation or progression, 2 or more stable chronic illnesses, undiagnosed new problem, pharm management
   High: one or more chronic illnesses with severe exacerbation or potential threat to self or others, drug therapy requiring intensive monitoring for toxicity

99205
 — Need all 3 comprehensive history, comprehensive exam, high MDM
 — Comprehensive history: extended HPI (4 elements OR status of 3 chronic illnesses), complete PFSH, 10 ROS

— Comprehensive exam (vital signs, full MSE, gait station)

— **high MDM: 4 problem points** (new problem with additional workup planned = 4) or 4 data points or **high risk**: threat to self (SI) or others or severe exacerbation of illness. Note: additional workup planned can be met by ordering labs or using a diagnostic questionnaire in followup. If I code 99205 then first followup I will use BSDS scale and rule out Bipolar

99204
— need all 3: comp history, comp exam, moderate MDM

— moderate MDM: 2 out of 3 of following: 3 problem points, 3 data points, or moderate risk (one or more chronic illness with mild exacerbation or progression, 2 or more stable chronic illnesses, undiagnosed new problem)

99213 (this should be your minimum for f/u. Most will meet 99214. You should be able to find 2 problems. Even simple ADHD usually has psychosocial stressor or sleep issues)
— Need 2 out of 3: EPF history, EPF exam, low MDM

— EPF (expanded problem focused) history - CC, HPI 1 to 3 elements, one ROS. No PFSH required

— EPF exam - 6 bullets

— low MDM - 2 out of 3: 2 problem points, 2 data points, or low risk

99214 (most will meet criteria for 3 problems (mood, anxiety, sleep)
— Need 2 out of 3: detailed history, detailed exam, moderate MDM

— detailed history: CC, extended HPI (4 elements or status of chronic or inactive sx), 2+ ROS, 1 element of PFSH

— detailed exam: 12 bullets (MSE)

— **moderate MDM**: 2 out of 3: **3 problem points** (3 stable problems, 2 worsening established problems, 1 new problem), 3 data points, or **moderate risk** (one or more chronic illness with mild exacerbation or progression, 2 or more stable chronic illnesses, undiagnosed new problem)

99215
— need 2 out of 3: comprehensive history, comprehensive exam, high complexity MDM

— Comprehensive history: extended HPI (4 elements OR status of 3 chronic illnesses), complete PFSH, 10 ROS

— Comprehensive exam (vital signs, full MSE, musculoskeletal)

— **high MDM**: 2 out of 3: **4 problem points** (2 established problems worsening, 1 new problem, 4 stable established problems), 4 data points, or **high risk** (one or more chronic illnesses with severe exacerbation, potential threat to self or others)

Psychotherapy add on codes

90833 - 16 to 37 min
90836 - 38 to 52 min
90838 - 53 to 60 min

Example of documentation:
"20 minutes of psychotherapy today above and beyond time spent on the E/M service. Supportive and CBT utilized to address depression and rumination. We discussed automatic thoughts and how they contribute to symptoms. Patient response: displaying improved insight"

The type of therapy has to be evidenced based psychotherapy. Psychoeducation is not therapy

Note that Optum requires treatment plans at intake and updated q 3 months with specific symptoms, target goals that are measurable "Pt will report diminishing or absence of hallucinations and/or delusions within 90 days."

90839 - psychotherapy crisis 31-60 min
90840 - psychotherapy crisis additional 30 min

Only use these if it's an actual crisis with severe exacerbation like patient is very suicidal or 10/10 anxiety and unable to function at work, etc. Document the situation of why it's a crisis.

Time based

Note: you cannot do add-on therapy code if doing time based

Minimum required to do time based for each code.

"60 minutes of face to face time was spent with patient, greater than 50% was spent on counseling on diagnosis, risks and benefits of treatment, risk factor reduction, medication education & instructions for management and followup"

New visit	Time	Established	Time
99201	10	99211	5
99202	20	99212	10
99203	30	99213	15
99204	45	99214	25
99205	60	99215	40

When counseling and/or coordination of care are more than 50% of the encounter, the encounter can be coded based on time.

Counseling is not psychotherapy. Per CPT, counseling is a discussion with a patient and/or family concerning one or more of the following areas:

- Diagnostic results, impressions, and/or recommended diagnostic studies
- Prognosis
- Risks and benefits of management (treatment) options
- Instructions for management (treatment) and/or follow-up
- Importance of compliance with chosen management (treatment) options
- Risk factor reduction
- Patient and family education

Coordination of care is generally considered the process of reviewing records, arranging referrals with other providers and diagnostic tests, etc.

Extended visit (many insurers do not reimburse for these. Check your fee schedule)

99354 - extended visit up to an hour (30-74 minutes) - 75+ add 99355
99355 - extended visit additional (15-30 minutes)
99205 for 90+ min = 99354. 135 min = 99354+99355
99204 for 75+ min = 99354. 120 min = 99354+99355
99214 for 55+ min = 99354, 100min = 99354+99355
99215 for 70+ min = 99354, 115min = 99355